

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 004718	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/26/2012
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NAME OF PROVIDER OR SUPPLIER MARGARET MARY COMMUNITY HOSPITAL INC	STREET ADDRESS, CITY, STATE, ZIP CODE 321 MITCHELL AVE BATESVILLE, IN 47006
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>INITIAL COMMENTS</p> <p>JCAHO Surveyor: 33212 Facility Number: 004718</p> <p>Type of Survey: State Licensure Off Site JCAHO Accreditation Survey</p> <p>Date of JCAHO On Site Survey - Hospital full survey 10/23-26/ 2012</p> <p>Date of ISDH off site review -9/9/2013</p> <p>Reviewer/Surveyor -Nancy Otten, RN, PHNS</p> <p>Based on review of the 10/23-26/2012 JCAHO Accreditation Survey Report, it has been determined that Margaret Mary Community Hospital meets the requirements for Hospital Licensure in Indiana.</p>	S 000		

Indiana State Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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